

Name of Program

Address

Phone: Fax:

General Consent for Release of Confidential Information

I, _____, _____, hereby consent
(Name of client) (Cause Number)

to reciprocal communication between _____ **Name of Court Program** and the following:

*1. (Attorney/PD—name)_____ *3. (Family member—name)_____

*2. (Employer—name)_____ *4. (Family doctor—name)_____

The purpose and need for disclosure is to provide collaboration with the above entities regarding my attendance, progress, and attitude toward my evaluation and required treatment, education or both. The extent of necessary information to be disclosed includes:

- | | |
|-------------------------------------|----------------------|
| 1. Attendance | 4. Required Services |
| 2. Prognosis | 5. Completion |
| 3. Results of Drug / Alcohol Screen | *6. _____ |

I understand that I may revoke this consent at any time in writing, except where there has been action taken in reliance upon this release. Otherwise this consent will remain in effect until there has been a formal and effective termination of my involvement with the A & D Program for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of all A & D Program requirements OR upon sentencing for violation of the terms of my A&D Program involvement.

I understand that any disclosure made between the above named agencies or individuals is bound by 42 CFR 2, which is the Code of Federal Regulations governing confidentiality of substance abuse patient records, and that recipients of this information may re-disclose it only in connection with their official duties. I have received a copy of this signed form.

(Client Signature)

(Date)

(Staff Witness)

(Parent/Guardian if under 18 or Interpreter if needed)

(Client Date of Birth)

(A facsimile copy of this completed form shall be as valid as the original)

*All blank lines must be filled in or crossed out at the time of signing.